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A MONTHLY MAGAZINE OF

MEDICINE AND SURGERY

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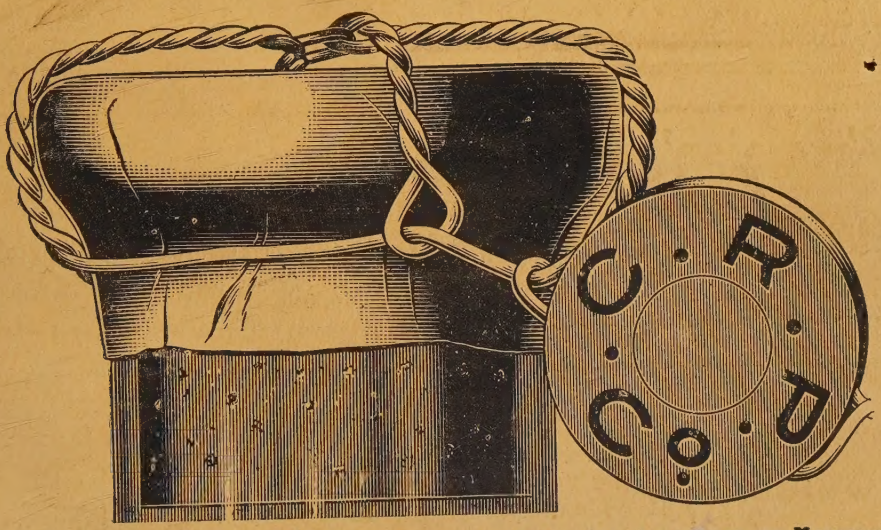

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MEDICINE AND SURGERY OF THE PAST ONE HUNDRED YEARS.

A hundred years ago the science of medicine and surgery was in its swaddling clothes. There were men who practiced medicine in those days, as there were for ages before, but it is a serious question whether these men, in their efforts to deal with disease, did not do more harm than good. The system of blood-letting, and the practice of giving enormous doses of poisonous medicines without understanding the diseases to be combated, were measures which were extremely taxing on the robust constitutions of our forefathers; and it is certain that many of them were sent to untimely graves by the overzealous treatment which was then in vogne.

The greatest strides which the past century witnessed in our special field were not in curative medicine, but in measures for the prevention of disease. At the beginning of the century the laws of sanitation were almost wholly unknown, and were universally disregarded. There were no adequate water-works or sewage systems in cities, and garbage and filth was allowed to accumulate as long as it did not interfere with traffic. Food and water were in consequence polluted. The direct relation of filth to disease was not understood. In consequence of this condition disease was rampant, and epidemics had full headway. This has all been changed —the principles of personal and public hygiene are well understood, and are constantly being put into more active practice.

The advances in surgery have been marvelous. A hundred years ago anesthesia was unknown. Asepsis was not recognized. Instruments were

crude, and surgical methods were barbarous. It is almost impossible to conceive how surgery could have been anything except a name. The surgery of to-day cannot be said to have descended from or to be in any way related to the old system. It is a new creation, and in its conservative practice is a priceless boon to mankind.

In the treatment of disease by purely medical methods, no such extraordinary improvements can be claimed. As regards the actual cure of most diseases we stand almost as helpless as our predecessors of a hundred years ago. Our results, however, are vastly superior to theirs, because of our reliance upon proper hygiene, nursing and diet, and adherence to the doctrine of non-interference except when remedies are positively indicated.

The brightest laurels of modern medicine are those attained by the great discoveries made in the etiology of disease, in bacteriology and in pathology. On these discoveries must be built our hopes for the future. Diagnosis is fast attaining perfection, and successful methods of treatment are being zealously sought for.

The latter part of the past century marked the beginning of a new epoch in medicine and surgery. The foundation has been well laid, and it is for our present generation to see that the superstructure is well begun.

AT DAWN OF THE TWENTIETH CENTURY.

Merely to name what has been accomplished in medicine and surgery during the last century would make a catalogue of goodly size. And to forecast, deductively, the next hundred years of progress in these branches would be a task that we have not time, space nor inclination to attempt. However, in a broad sense a few generalities may be indulged.

While the science of medicine was certainly not a young infant in 1801, its progress had been slow. Calomel, blood-letting and laudanum were the blessed trinity of the physician's faith.

The doctrine of Erasmus Darwin, physician, poet, philosopher, and physiologist, profoundly influenced the science of medicine in the early years of the nineteenth century. But his poetry, his philosophy, which was a foolish mixture of the doctrines of Stahl, Haller, and Hoffman the younger, were of little moment compared with his great work, "Zoönomia," which was published in the latter part of the eighteenth century.

But the chiefest gratitude owing Erasmus Darwin is for his labor of love. By that he made it possible for Charles Darwin to be a man so great that the century in which he lived was made immortal by his name.

It is difficult for the modern physician to realize the marvelous strides that his profession has made in recent years. It is only a little while ago that diseases were allowed to ravage the race practically unchecked. There was no defense against small-pox: the nature of most of the maladies was not understood. Materia medica and therapeutics were in the dark ages less than a hundred years ago, and surgery was in the savage state of its growth. Surgical instruments were strangely like implements

of torture. Anesthesia was scarcely more than a dream, bloodless operatons unheard of, and crude amputations were the limit of operative skill. But all has changed. Cleanliness, hygiene, antiseptics, electricity, hypnotism, the shock-theory of medicine, and the cross-ray have produced wonderful changes in the practice of medicine and surgery. Microbes that have so long been the enemy of mankind will, during the next century, doubtless be pressed into service, even as the elements have been enslaved, and the transmutation of force will receive more attention than ever before. Nothing is truer than that science is the savior of mankind.

"Thou are the great physician. Thy touch hath given sight; thou hast made the lame to leap, the dumb to speak, and in the pallid cheek thy hand hath set the rose of health. Thou art the destroyer of pain. Thou 'hast given thy beloved sleep,' and wrapt in happy dreams the throbbing nerves of pain." R. H. B.

THE COUNTRY DOCTOR.

Apropos of young century thoughts, we cannot do other than contrast some of the dead century notions with ideas and hopes of the new.

To many of us who were born and spend our lives in cities, the point of view relating to the medical profession held by a large number of the country laity is more or less striking and unique. The relations between the country doctor and his patients are, necessarily, different from those of city practice. Especially in remote rural regions the doctor is more than the title signifies. His position is distinctive; his personality is softened by a semi-mediæval aura. He is regarded as a seer. He is sincerely loved as a sort of auxiliary and extraordinary member of each family circle within the circumference of his benign ministrations. His oft-times homely ways and methods are considered far more safe than the methods of his city brother, and generally thought superior. Indeed, in many rural districts a strong prejudice obtains against city doctors. The idea is set forth in the following dialect verses by Dr. Ralcy Husted Bell, of this city:

THE COUNTRY DOCTOR.

I've heered of doctors smart as lightnin'
In the colleges an' schools;
I've seen 'em wearin' hats like stovepipes
An' a-actin' like dam' fools;
But I never seen 'em 'mount to nuthin'
When the crib was wet with tears
Of 'n anxious mother, bent an' weepin'
Fer the babe that blessed her years.

Ye kin talk of science all you min' to,
Of the progress science makes,
Of how them city doodlet-doctors
Do things, but I 'low it takes

A little more than stovepipe head-gear,
Clo'es an' canes, an' hot-air talk,
To cure the fever ager, or to
Make the rhu-ma-tick to walk.

I've seen 'em thumpin' on the chest like
Monkeys on a hive o' bees,
A-listenin' thro' some tube er other
Like a preacher on his knees;
I've heered 'em talk o' microbes nestin'
In the apex of the lung,
Of stickin' serum in the backbone,
Seen 'em peekin' at the tongue;

But when our Sairy Ann was taken
With a sharp pain in her chest,
An' all run down with hackin' coughin',
Breakin' of her sleep an' rest—
I notice *she* warn't helped by science
Of that hifaluten doc
That tended her, more'n flannel wrappin's
Or her neck tied with a soc.

An' so I've come to this conclusion—
Jes' as hones' as could be—
The good ol'-fashioned country doctor,
He is good enough for me!
We may be wrong—but my ol' woman,
She agrees with me in that
Mos' all the science high-toned doctors
Have, they carry in their hat.

THE PHYSICIAN OF THE FUTURE.

There will be physicians and physicians at the close of the twentieth century, just as there are to-day. But the tendency will be strongly toward the broader type. Most likely there will then be no "general practitioners." But specialists will not be narrowed by their special work. On the contrary, there will be more time for investigation, reflection, thought. The best doctor will be the most broadly cultured doctor. He will not be a slave, but a master. He will be on terms of intimate acquaintance with the great endeavors and successes of mankind. He will know something of art, of literature, of astronomy. What are to us the ultimate reaches of science will to him be the far, low foothills. In that good day the doctor will not lose heart in the wilderness and detail of his work. The best doctor will be the most soulful doctor—the most sympa-

thetic gentleman. He will have lost, we hope, all taint of cruelty and savagery which now distinguishes the asshood of the vivisectionist from the manhood of professional culture and decency of feeling. That kind of doctor will be welcomed by the world; and blessed be the day of his multitudinous arrival! B.

ANOTHER ELIXIR OF LIFE.

A great furor is being stirred up in the daily press over a new "elixir of life." This time the substance to be used is common phosphate of sodium, and great things are claimed for it. Men who have passed into the evening of life with broken health are said to be rejuvenated by injections of this substance, and its advocates seem to confidently expect that its use will do away with disease and prolong life almost indefinitely.

From time immemorial men have sought for means to stay the hands of Death, but every such attempt has resulted only in misfortune, disappointment and reproach. For ages the alchemists vainly labored to produce a universal panacea which would conquer disease in all its forms and give to man an endless lease on life, but they evolved only pretentions which resulted in their own undoing.

Great journeys into unknown lands were undertaken in the days when men were superstitious and ignorant enough to believe in tales of magic waters; and they were no more superstitious and ignorant than men who are to-day seeking to arrest human decay by the use of nostrums. Ponce de Leon, braving the dangers of swamps and savage people in his search for the Fountain of Youth, was no more credulous than the flocks who hail with joy every new "elixir of life" which is placed upon the market.

On the strength of promised immortality from use of this latest elixir of life we cannot consistently advise our readers to put off until the next century anything which can be done during that just commenced.

THE DEATH OF OLLIVIER.

The medical profession, and that part of it which we know as the school of surgery, has lost in the death of Louis Xavier-Eduard Ollivier, of Lyons, France, a pioneer and a worker even up to death. Ollivier was one of the wonderful pre-antiseptic surgeons who did not fall back into "innocuous desuetude" when that method was advocated and gained ascendancy. He kept up with the tide and stemmed it. Ollivier's life-work has been one long series of successes in the surgical domain, both as an operator and as an original investigator along practical surgical lines. His main work in operative surgery has been along the line of periosteal sutures, such as was advocated in his article which appeared in 1873 on the method of suturing the periosteum to the joint capsule. By his conscientious work along this line he definitely proved the osteogenetic characteristics of the periosteum; and how valuable that discovery needs no further

mention. It can be said to his credit that the Lyonaise school, of which Ollivier was the founder, was the first to take up the new subject of listerism and apply it. He recognized that the advance of this antiseptic method would greatly facilitate that work which interested him most—*i. e.*, the repair of bones.

Ollivier has been well-deservedly honored by his colleagues the world over. He has been admitted to scientific medical societies in all countries —Germany, America, England, Russia and France. But last summer he was made Fellow of the Royal College of Surgeons. The Commander-Cross of the Legion of Honor of France was conferred on him personally by President Carnot, just before the latter was murdered. May the memory of this great man live long after him. May his noble example be a watch-light for the surgical world of to-day. The medical profession should ever revere the names of such men as Louis Xavier-Eduard Ollivier.

G.

THE CZAR'S ILLNESS.

The whole European world has been greatly worked up for the past few weeks over the illness of the ruler of all the Russias, Nicholas. At first it was declared that he was suffering with an attack of influenza, but later bulletins by the court physicians and consultants established the diagnosis of typhoid fever. In the second week of his sickness the Widal test of his blood was made and the diagnosis bacteriologically confirmed, so that now no doubt exists in the minds of the physicians in attendance but that the czar has typhoid fever. From a perusal of the temperature and pulse bulletins which are daily given out it is evident that the course of the disease is a mild one, and that the "exponent and champion of peace" will speedily be convalescent. The world at large may well thank the physicians who are treating Czar Nicholas for saving the life of this esteemed monarch. It is well known that he has ever been an exponent of peace, and that he has carefully avoided all wrangles at arms that have come up since he has occupied the great throne at St. Petersburg. It seems to be his steadfast aim to promote peace and harmony throughout the whole civilized world, for he seems to have recognized the foolhardiness of settling disputes with the sword. He may well be known as the "great arbitrator."

In connection with his sickness, intimations have been made that he has been infected with typhoid fever through the machinations of the Nihilists. These rumors creep into the European press every now and then, and although no definite information goes with them, still one cannot but think that he may possibly have been infected by drinking or eating infected food. Knowing the care exercised in connection with the imperial household, it does seem rather strange that he should have typhoid fever, a disease of distinct origin and causation. It is not our task to explain how this thing might have come to pass. We mention it for what it is worth. It would be truly lamentable were it true. It is a

fearful thing to consider what might not be done by unscrupulous persons who might avail themselves of bacteriologic science for nefarious purposes. These people could thereby utilize weapons far more deadly than the assassin's knife or the Nihilist's bomb. And yet, we cannot but expect that the science of bacteriology will be just as illegally and just as nefariously pilched from as has been done with chemistry and other natural sciences. The community is truly powerless against it. Strict surveillance on the part of laboratory workers of their cultures may help to stay this influence. We cannot think of the possibility of "buying" the men themselves; we are too proud of our brethren to imagine a single one of them capable of such perfidy. G.

CONCERNING THE PHYSIOLOGIC FUNCTION OF THE SPLEEN.

Some new light has been thrown on the question of function of the spleen by the work of G. Jawein, which recently appeared in *Virchow's Archiv*, Band 161, Heft 3. This author tried to ascertain the cause of enlargement of the spleen in cases of acute poisoning and in cases of acute infectious diseases, hoping in that way to get some idea of its normal physiologic function. How well he succeeded may be seen by the results of his work. His work was essentially an experimental investigation with dogs poisoned with chlorate of potassium, chlorate of sodium and with toluylendiamin. He established the fact which, by the way, has been frequently noted by others, that the enlargement of the spleen in these acute cases depends on a destruction of the erythrocytes. By means of the collection of these destroyed erythrocytes in the spleen there follows a hypertrophy and hyperplasia of the pulpic mass. In other words, we see a functional hypertrophy of the pulp from irritative influences. It is a common pathologic experience, and many analogies could be pointed out. The same condition holds true in acute infectious diseases where there is a destruction of the red blood corpuscles and consequently an irritative influence on the splenic pulp with functional enlargement of the whole organ. From these findings it is natural to conclude that the principal function of the spleen from a physiologic point of view is that of a filter for the blood, and that if it has any selective affinity at all for preventing bodily tissue from passing through this self-same filter, its action can be seen with the red blood corpuscles in particular.

SOME MORE INFORMATION ABOUT THE INFLUENZA BACILLUS.

While it has been well known for some time that the Cannon-Pfeiffer bacillus is the essential etiologic factor in the production of the disease influenza, still all points pertaining to manner of causation, dissemination of the disease, etc., have not been pointed out, so that we nail with pleasure any interesting facts on the subject. In a recent publication in the *Riforma Med.*, 1900, No. 80–82, Cantani, of Naples, devotes some space to this subject. From experimental investigations made by him we may

conclude that the individual may retain the influenza bacillus in his mouth for some time, and that at any time it is liable to change its saprophytic existence into a parasitic one and produce a fresh attack of the disease. Fresh attacks of the disease in individuals who have had it and have not been exposed to reinfection may be thus explained. Cantani also definitely proved by sterilizing preparations of the influenza bacillus and then injecting them into the body without producing the disease, that the disease is due to a bacillus which carries the toxin within itself, not to toxin produced and thrown off by the bacillus.

There is a form of influenza which has been called "pseudo-influenza." The name is convenient, but yet is a misnomer, for the disease is essentially different from the real disease in its etiology, although in clinical behavior it much resembles it. The name of "influenzasimilibacillus" has been suggested for the organism which produces this pseudo form, but yet we hardly see why we should accept it, as, so far as we know, there are several different organisms which can imitate the Cannon-Pfeiffer bacillus in producing an "influenzaform" disease. 'Twere better to have but one influenza bacillus and discard the group "pseudo-influenza" bacillus. Such nomenclature invariably establishes erroneous impressions and leads to nothing but confusion in the end.

BELLEVUE HOSPITAL HORRORS.

The horrors of Bellevue Hospital, as told in the lay press, match the cruelties of the Inquisition. Surely, there must be some mistake. Let us hope for the sake of human decency, for the honor of the medical profession, for the good opinion of nurses, that it is a horrible mistake. It is hard to think that good old Bellevue is infested with doctors and nurses capable of cold-blooded murder and the fiendish cruelty of an Apache band of raiders. No, no, it is too horrible!

DECREASE OF DEATH-RATE IN THE NINETEENTH CENTURY.

During the past century, owing to the advancement of medical knowledge and a better understanding of the conditions affecting life, the annual death-rate of the civilized nations has been lowered from twenty-eight to twenty-four persons in every thousand, and a marked increase in the average length of human life also resulted.

A TWENTIETH CENTURY WONDER.

Recently a process has been discovered by a Frenchman for the "reduction of wood to a molten condition." By this means it is said that wood becomes very hard, susceptible to high polish, impervious to water and acids, and a non-conductor of electricity. Houses made of moulten wood therefore will have many advantages. Lightning rods will be no longer needed, and with their passing will go much unique timber with which funny structures are built.

ORIGINAL ARTICLES.

THE NEPHRITIDES OF CHILDREN.

By R. B. H. Gradwohl, M. D., of St. Louis, Missouri.

WE KNOW that the etiology of nephritides in children is about the same as that for the adult, with a few exceptions. For instance, we have some etiologic factors in childhood which do not hold good for the adult, and likewise we have some factors in the adult that do not hold good for the child. Among the first factors of etiology that are commonly mentioned as being productive of nephritis in children are drugs. The manner of their action in children is not brought about exactly in the same way that we see in the adult. Here in Germany, for instance, there are quite a number of cases of scabies, the routine treatment of which is with balsams of various kinds. It is not uncommon here, therefore, to see nephritis produced by the absorption of these balsams during the course of treatment of a case of scabies. We also see nephritis produced here among both adults and children by treatment with drugs, such as potassium iodidi, potassium chloratis, acidium carbolici, etc.

The nephritides of an acute type which are especially important, however, are those which follow or accompany the acute infectious diseases. In first order, let us speak of the nephritis which goes with scarlatina. It is not always the case of scarlatina which has the severest rash, or the severest cerebral symptoms, which is accompanied or followed by the severest nephritis. The severest forms of acute nephritis in connection with scarlet fever which the writer has seen are those which occur in cases of scarlet fever with scarely any rash at all. I mean those cases of scarlet fever with very little or no rash, but with severe throat symptoms; the so-called cases of *scarlatina sine exanthemata*. It is in this type of the disease that we see the severest of the renal complications, the gravest cases of glomerulo-nephritis or nephritis hemorrhagica acuta.

The evidence that a nephritis is taking place is often a slight elevation of the febrile temperature already present, according to Strumpell, but this is not always observed. These children complain of lumbar pains. If we examine the urine, we find the characteristic departure from the normal there present: a cloudy, dark or blood-colored urine, of a specific gravity of from 1015 to 1025, and containing a good deal of the albumins. Should we examine the sediment obtained by centrifugalization, we find many grades of hyaline casts, with white and red blood corpuscles, with detritus, hæmatodin crystals, bacteria, and renal epithelia. Especially characteristic of this form of nephritis is the presence of the waxy casts, and, if the case be of the hæmorrhagic type, then too do we find

blood casts of distinct form. It is said by many writers that it is rather uncommon to find the epithelia of the renal tubules present in the urine, but in the writer's experience, these organic constituents are relatively common.

In first order we wish to call attention to the necessity of making urinary analyses of children's urines from the *whole twenty-four hours' amount.* It is a fact that if the urine be chemically or microscopically examined in the morning, after the children have been resting quietly during the night, that it is not probable that much information of a definite nature will be revealed; if, on the contrary, the urine be examined at nightfall, after a day's restlessness and activity, then will the organic parts just described be found. Hence, it is of paramount importance to estimate from the whole twenty-four hours' amount so that logical conclusions may be deducted in any given case. Another reason for collecting the whole day's urine is for the sake of ascertaining the amount passed by the child. It is relatively diminished in this disease, and we must be ever on the alert for the beginning of anuria. This calls for urgent treatment and energetic assistance, else quick dissolution will follow.

Another point that needs attention is the fact that amount of albumins present in the urine has nothing to do, proportionately, with the amount of edema. We know that the edema does not depend upon the existence of albuminuria directly. It depends upon the action of the retained toxins on the intima of the blood vessels, which are so affected that the watery constituents of the blood escape into the outlying tissues. Again, we may state that uremia and albuminuria do not go hand-in-hand, relatively speaking. Quite often do we find the beginning of uremia with but slight albuminuria, and for the same reason uremia, in the light of our present knowledge on the subject, depends upon the toxic effect upon nervous tissue of the noxious products which fail to be excreted from the body when there is a renal insufficiency.

Nephritis hæmorrhagica acuta, complicating scarlatina, offers a much better prognosis than does the nephritis of an acute type accompanied by pale urine, not much albumin, etc.—glomerulo-nephritis acuta. We see cases of hæmorrhagic nephritis with a good deal of blood and albumin clearing up in from two to three weeks, while the other forms with pale urine, etc., last from four to eight weeks, and may then be followed by a chronic stage.

Uremia in scarlatinal nephritis may occur at any time, making itself manifest by vomiting, headache, convulsions, amaurosis. The amaurosis of scarlatinal uremia gives a good prognosis, and should not afford great anxiety beyond that which goes with the onset of an uremic state of any kind. If the pupillary reflex is present with this amaurosis, then the prognosis is not to be considered as being bad. If, however, there is an absence of the pupillary reflex, then our prognostic star should loom no more in the ascendant. Absence of the pupillary reflex then betokens an

onset of *edema cerebri*. With this goes retinitis, etc., and probable death. The importance of the pupillary reflex in such states of uremia can thus be seen and should be ever tested.

A few words might be said with reference to the nephritis of scarlatina with albuminuria. This state was first described by Henoch. Litten and others have later described it. It is described as a nephritis without albuminuria, with edema, with uremic symptoms at times. Wherever such cases have come to autopsy, almost constantly glomerulo-nephritis has been found. In these cases severe angina with no eruption is constantly present. The question then arises: are these cases of scarlet fever or are they simply cases of angina follicularis with nephritic complications? A rather good answer to this question might be that they are really cases of scarlatina sine exanthemata, inasmuch as the writer has found in such cases the diplococcus scarlatinæ in the flowing blood. A notable instance of this was the writer's experience last winter with some cases of severe angina at the Female Hospital in St. Louis. There were several true cases of scarlatina cum exanthemata at this hospital, where the diplococcus scarlatinæ was demonstrated in cultures from the blood, throat and urine. Later there arose in this institution quite a number of cases of severe angina among attendants who had been nursing these scarlatinal patients, and, as already stated, the scarlatinal diplococcus was found present. Similar cases have been reported by Class, of Chicago. These bacteriologic features rather incline us to settle this much-mooted question in this wise: that these severe anginæ are scarlatinal anginæ. And a view of the situation from all sides certainly entitles us to the belief that our stand is well sustained.

Another disease which is very frequently complicated with nephritis is diphtheria. The statisticians tell us that while in scarlatina thirty per cent. of the cases get nephritis, in diphtheria fully fifty per cent. or more are complicated with nephritis. Clinical experience certainly make these figures seem truthful. Another feature of the nephritis of diphtheria is that it comes on early in the disease, usually about the fourth or the fifth day. In scarlatina it is the rule to find it coming on later in the course of the disease. Another feature differing widely from the scarlatinal nephritis which is possessed by the diphtheritic form is that we very seldom see hemorrhagic nephritis in cases of diphtheria. In other words, nephritis hæmorrhagica acuta in diphtheria is an *avis rarissime*. Again, another feature differing from the scarlatinal nephritis is that we never see edema or uremia in cases of diphtheritic nephritis. We can say that when the urine of a case of diphtheria complicated with nephritis contains more than two per cent. of albumins, then the prognosis becomes exceedingly serious by reason of the fact that the kidney may be likened to the dial on the steam-gauge of the toxic state, and the passage of the dial beyond the two per cent. albumins containing urine marks the advent of more toxin than the body can withstand.

Nephritis after measles is very seldom. It sometimes occurs with pertussis convulsiva, with parotiditis epidemica, with erysipelas or malaria, although the last form is seldom met with in Germany. It is more common in the United States' malarious districts. The nephritis in varicella is not common. About thirty cases are reported in literature, including the original case reported by Henoch, in 1874.

Varicellar nephritides come at any time between the fifth and the twenty-first day of the disease proper. It may be of various forms, although we must call attention to the fact that, in contrast to the mildness of the nephritis of diphtheria, that of varicella is often severe, with edema, with uremia and its consequences. Varicellar children should always be kept in bed eight days after the subsidence of the active symptoms, so that in the event of a complicating nephritis the child may be given the benefit of rest and adequate means of relief. Varicellar children, therefore, should receive no alcoholic stimulation, so that no undue excitement may be given to the renal epithelia, whereby the slumbering toxins may be kept from wreaking their toxic influences on the kidney tissues.

Among other diseases of infancy and childhood where we meet nephritis are the gastro-intestinal disorders, the "darmkatarrh" of the German pediatrists, enteritis, gastro-enteritis, etc. Enteritis is not always followed by albuminuria. When it does occur it is due to the absorption of ptomaines from the intestinal tract, or else to the circulation of the toxins of the disease-producing organism at work. We see it in cholera infantum particularly. These children are seriously ill. There is anuria; the urine withdrawn by catheterization shows the usual organic evidences of severe nephritis. There is the facies Hippocratica. And here we must look for uremia We see in cholera infantum, as an index of the uremic state, the hydrocephaloid of Marshall Hall. Another form of nephritis is that which comes a few weeks after a case of enteritis. It is that variety which we have already spoken of: nephritis sine albuminuria. Some few cases have albuminuria, but the majority simply have edema and pallor, etc. These cases we must state occur for the most part in poorly nourished children.

An interesting form of nephritis is that which the Italian writers have described: the nephritis occurring in connection with eczema. It is a rather common clinical experience here, in Germany, to find cases of nephritis in children who come to the physician for treatment of a case of eczema. In every case of eczema which comes to the pediatrist for treatment, he should examine the urine chemically and microscopically. The explanation for the complication of nephritis with eczema is that it is due to the absorption of pus or toxins from the local skin lesions which in turn react upon the kidney tissue. Another logical suggestion in explanation of this nephritis and eczema is that the nephritis is not caused by the eczema, but that it occurs first and the eczema follows later as a complication of the nephritis. Again, we wish to call attention to the necessity of examining the urine of the children for the whole twenty-four hours.

This is especially necessary in our endeavors to establish a nephritis in a case of eczema where albumin may only be found present after the child has been stirring around during the past, perhaps having completely disappeared in the morning after the night's rest in bed.

A form of nephritis that we might speak of is the nephritis of anemic children. These children present the usual blood changes of anemia, have headaches, poor appetites, etc. They show albuminuria, but no casts. They should be put to bed until the albuminuria disappears, with proper treatment, of course, for the anemic state. This albuminuria in anemia may be an expression of the existence of a state of chronic nephritis, or it may mean alone albumins coming from the pelvis of the kidney or from the calyces and not from the parenchyma. Therefore, in all these cases of "school anemia," as it is very properly called by the Germans, examine the urine for albumins.

A rather peculiar form of nephritis of children is that described by Heubner as his "autotische" nephritis, or secretory nephritis. It comes and goes. When the child goes to bed it disappears. When he gets out of bed for a day or two it returns.

In conclusion, it may be said that although it is seldom the case that chronic nephritis is seen in children, it occasionally follows the scarlatinal type. When we do see a chronic case of children it is usually of the chronic interstitial type of the pathologist. I do not wish to go into the therapy of the nephritis. It is practically the same as that for the adult and needs no special discussion. What I have stated has been mainly intended as a presentation of some of the different pictures that we see in children who get acute nephritis.

Berlin, Germany, December 15, 1900.

Carbolic acid is regaining favor as an antiseptic. It may be used pure in the treatment of suppurating areas. When pure phenol is used on an open sore, or injected into an abscess cavity, it should be followed in a few seconds by an application of absolute alcohol, which neutralizes the action of the drug and inhibits further escharotic action. Many surgeons use pure phenol in sterilizing the hands, following its use by immediate immersion of the hands in alcohol.

Tincture of gelsemium, in three-minim doses, will frequently give most gratifying results in neuralgias about the face and head.

THE SURGERY AND MEDICINE OF OTHER TIMES.

By Thomas C. Minor, M. D., of Cincinnati, Ohio.

UNDER the above title Dr. Hamonic has just published a most interesting work (Paris, 1900) that reviews his collection exhibited on the Champ-de-Mars, and is a most curious revelation, especially as regards the first chapters of the book. Therein is found the description of a large number of instruments of ancient manufacture, dating back to the Greek and Roman epochs, and these are as interesting as those in the famous collection at Naples secured from the ruins of Pompeii. Then we are led down the pleasant paths of the seventeenth century with an exposition of antique microscopes and quaint instruments—a veritable joy for the medical antiquarian. Dr. Hamonic has, in his retrospective of surgical instruments, pictured all these curiosities. It is to be regretted that the jury on prize exhibits failed to appreciate the high value of this collection, so that our distinguished *confrere* did not obtain the honorable distinction of a medal, and even the expenses of his valuable exhibit were paid by the collector. But of what value are such medals? Dr. Hamonic made a most meritorious exhibit, and all true lovers of medicine and surgery must bow down before the splendors of this little museum, certainly one of the most unique in all the world; one that can never again be duplicated.

These surgical treasures collected by Dr. Hamonic, especially those of the Greek and Roman periods, with their different types, lead us to marvel at the ingenuity of the human mind even in days of far antiquity. Yet we do not know which to admire the most, the patience and ardor of the collector or the beauty and richness of the collection, from the collyrium boxes of ancient Egypt to the design of a modern leg made two centuries before the era of Christianity. There, for instance, is the strigile of Thebes. There, too, the odor pots of the ancient Greek period, and the cautery from Olympus, with its cases, perhaps used by the ancient gods. There, too, we find the small Greek surgical trousse, discovered at ancient Pireus; a curette from Sur (the antique Tyre of the Phenicians); we find, too, surgical cases from everywhere—from Ephesus (Asia Minor), from Cana of Galilee; a cruse, also, of sacred ointment hundreds of years old, from Phenicia. For a more recent epoch we might mention a Merovingian surgical case from Cambrai, a primitive set of instruments in bronze; likewise one from antique Perrone, of the Gallo-Roman epoch; together with cupping instruments of the old Roman periods. We could never finish the enumeration of all the surgical instruments belonging to the middle ages. We see microscopes of the epoch of Louis XIII.; the amputating knife of Guy de Chauliac, together with many amputation and trepanning cases older than those in the Orbila museum. Wooden legs of the seventeenth century abound; orthopedic instruments of the sixteenth century are numerous. We note vaginal dilators of the fourteenth century—the renaissance,

seventeenth century, and those in the times of Louis XIII. and Louis XIV. An anatomical bistoury that was used on Louis XIV. is also in this collection. A wooden statuette, representing a circumcision in the fifteenth century, also attracts attention. A figure of the same kind is among the celebrated sculptures of the Hotel de Ville at Brussels, Belgium. As before stated, this collection is unique and merits public attention. Chicago University should purchase it before Johns Hopkins secures it.

Here we find the ancestor of the scalpel, the primitive stone knife of the stone age, employed doubtless by the first races of men. But let us pass on to the age of bronze, with the green of the passing ages, the surgical instruments of the days of the ancient Pharaohs, dug up by Clot Bey from various Egyptian ruins. Here they are side by side with the old Roman instruments found in the ruins of Herculaneum, the doctors' tools buried for ages in the ashes of Mount Vesuvius. Instruments that date back to the year 79 of our era. Let us note, too, the collection of glass eyes: "What an interesting history is that of artificial eyes," remarked Dr. Jongea. According to the erudites of archeology, artificial eyes date back to the days of Ptolemy Philadelphus, three centuries before the birth of Christ. The original artificial eye was made of copper, silver and even of gold. They have often been found in the orbits of ancient mummies, where are likewise found those curious cupules of white enameled silver where the iris is represented by a dark circle, and the pupil by a black projecting point. They ornamented statues with them; and, if we are to believe Pliny, over the tomb of Hermias, Prince of Cyprus, was a watchful lion, sitting, the artificial emerald eyes of which flashed in the darkness." This was before the Greeks and Romans knew of artificial glass eyes. Here, too, we find very curious Japanese dolls, with curious eyes, together with a series of lines showing the spots where acupuncture must be practiced; and we see, too, quaint orthopedic instruments for hunchbacks; also clyster pipes made in impermeable cloth. Here is a chance for some Yankee inventor to make a cheap syringe on old ancient Japanese lines out of textile fabric.

Let us now go on to lithotrity, the crushing of calculi, and we notice the first hypodermic syringe there constructed on the same lines as the Pravoz. Let us note, too, in passing, a glass case containing instruments in which we follow the evolutions of Tarnier's forceps; certainly we do not see in this collection the celebrated "royal bistoury," invented by the surgeon Felix to cut out the fistula in ano of Louis XIV., but we do find the instruments used in the autopsy made on Napoleon I., the post-mortem case of Dr. Automarchi, together with the famous trousse presented by Queen Amelia to Dr. Bandens, of which each instrument is a most distinct work of art, with shell handle, ornamented in gold and the monogram of the surgeon. Side by side with surgical mirrors is a series of old engravings showing the physician across the ages of time. Let us cite a few ex-

amples from this curious collection: Softly seated on a quiet mule that is being prodded by gigantic spurs, we behold the haste made by a middle age cavalier, *excellentissimus medicus* of the legend. Is this not a faithful portraiture of "Master Rondibilis, Physician," going on a visit to his creator, the joyous old priest of Mendon, ex-confrere in the art of Hippocrates, the good liver of the immortal Rabelais? On one side of this worthy man we read, engraved:

"How a dean followed four faculties."

A true physician of Moliere, as disciple, undoubtedly, of the very learned Thomas Diaborius, a skull-cap exactly perched upon the whitened wig, with the folds of his toga opened and his capon-lined belly on one side—or, an addition to the tableau, a table on which smokes a goblet of liquid charged with "*peccant humors*," a mouth, *ore-rotundo*, of the *doctor doctrixmus*, from which issues half a dozen barbed arrows with the significant words: *bleeding*, *leeches*, *purging*, *cathartics*, *emetics*, *and diaphoretics*.

Pictures of ancient surgeons cutting off legs and arms *secundum artem* —a portrait of a dropsical dame, like the one in the legend of that famous picture by Gerard Dow that hangs in the museum of the Louvre. There, too, that famous oculistic picture, where the beautiful patient eyes the oculist in an overamorous manner:

"There is, in eyes, sometimes, a little spot
That warns the oculist—'Oh! touch me not.'
There's amorous fire in my tingling brain," etc.

Finally, the physician of the first quarter of the nineteenth century, with his fur collar cape, with a cod-fish queue—a meditative gentleman of that type that always held a large cane under the chin, with the very ethical notice: "This gentleman does not post his name on every wall; sells no secret remedies; never promises a perfect cure; an honest, conscientious man, as benevolent as he is active; he has made no fortune at medicine, although he has practiced over thirty years to acquire a modest competency. Can such a high-toned physician ever be classed with charlatans?"

Oh! this wonderful Paris Exposition—only a memory now, alas! Strange fact, that one of the most observed things in all this collection, yet unenumerated, was a modern splint, made of platinum, with tiny germ-proof glass windows, through which the surgeon can study the process of healing in cases of compound comminuted fracture. This was in the private collection of a noted instrument maker, and bore a patent mark of some doctor out in the northwestern States of America—either Michigan, or perhaps Wisconsin—the invention of a Doctor Shears, if we remember rightly. A surgeon connected with the Russian embassy and

an Italian naval surgeon made copies of this for future use in their respective countries. It was certainly the most unique surgical appliance in the Exposition of all the modern appliances, and attracted great attention from the men who attended the "International Medical Convention." This Yankee invention will probably be claimed, later on, by some eminent surgeon at Saint Petersburg or Rome; *nous verrons*. Be that as it may, it was the one unique and most practical of all the modern surgical inventions included in this vast and interesting collection.

ASTHMA.[1]

By R. Alexander Bate, A. B., M. D., of Louisville, Ky.

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ASTHMA is a disorder of nutrition, dependent upon the arthritic diathesis, and is characterized by paroxysmal dyspnœa due to spasmodic contraction of the bronchial tubes.

The spasmodic contractions, according to Loomis, are due to a neurosis, which depends upon the existence of a peculiar diathesis. Troussou, Salter, and others, likewise speak of asthma as a diathetic neurosis.

Haig attributes asthma to the effect of uric acid upon the circulation in the thorax, and shows that the paroxysms correspond to the natural fluctuations in the excretion of uric acid.

Modern opinion seems to consider asthma a neurosis of the branches of the pulmonary plexus due to arthritism.

In nasal or hay asthma, it is believed, uric-acidæmia so alters the nutrition of the spheno-palatine branches as to cause temporary paralysis, thus inducing hyperæsthesia and turgescence of the nasal mucosa.

In bronchial asthma, uric acid in the blood so alters nutrition as to cause a neurosis of the branches of the pulmonary plexus, thus inducing hyperæsthesia and engorgement of the bronchial mucosa, the spasmodic contraction of the muscular fibers, and various manifestations of deranged katabolism.

The manifestations of functional derangements are the diminished quantity of oxygen and water excreted by the lungs, also the fatty acids, the octahedral crystals of Leydan, and the spirals of Curschmann found in the expectoration.

Loomis found the oxygen of the expired air was almost entirely replaced by carbonic acid. The exact pathology of the gravel-like bodies and mucous pearls of the sputum is not clear.

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[1] Read before the Mississippi Valley Medical Association, Asheville, N. C., October 9th, 10th and 11th, and published exclusively in Interstate Medical Journal.

Asthma frequently alternates with neuralgia, migraine, angina and cardialgia—all diseases due to uric-acidæmia.

The famous case of Peter the Great, and many others, have been cited where the asthmatic manifestations gave place to gout. The asthma became relieved as the blood was freed of uric acid. Gout developed because the uric acid was precipitated from the blood into the tissues.

The protean manifestations of arthritism can be understood if we regard the entire vascular system as one organ, upon which the perfect nutrition of every other tissue in the body is dependent.

If the blood when most alkaline becomes loaded with uric acid, the size and relative nutritional capacity of this vascular organ is greatly diminished. Thus the nutrition of every structure in the body may be modified.

However, some tissue, either by inheritance or acquisition, is weaker than the rest, and first makes manifest the deranged nutrition. Molecular starvation causes loss of function of the cells in all diseases of uric-acidæmia.

The other class of arthritic disorders occur when, from lessened alkalinity of the blood, uric acid is precipitated into any of the numerous adjacent tissues.

Heredity, anatomical and physical causes especially determine the site of this precipitation. This second class of diseases are characterized by the manifestations of an actual irritant instead of being merely functional disturbances, as in the first class.

Asthma belongs to the first class. Pulmonary weakness being the predisposing cause, any age may be afflicted; but the greater proportion of cases occur during adult life. Males are affected twice as often as females, and the disease is transmitted along the male line. Heredity can be traced in fifty per cent. of the cases. Arthritism in some form, perhaps, could be traced in every instance.

Attacks come on most frequently at the beginning of the alkaline tide, which is from two to four o'clock in the morning, when the blood is surcharged with uric acid.

Bronchitis is present in eighty per cent. of the cases; intestinal indigestion, characterized by flatus, and skin diseases also occur.

The causes of asthma may be divided into two classes:

First.—The systemic or essential cause, the arthritic diathesis.

Second.—The local or exciting cause of the attack.

The first of these is, perhaps, present in every case. Loomis says: "Unquestionably, the primary cause of asthma is some constitutional idiosyncrasy."

Aneurisms of the aorta and other mediastinal tumors, in certain instances, have produced asthma. These tumors press constantly upon the pneumogastric nerve, yet the asthmatic paroxysms agree with the alkaline tide. Instances of this kind seem to emphasize the necessity of both dia-

thesis and neurosis. The pressure explains the neurosis, and the paroxysms occurring only during the alkaline tides show the arthritism.

The second class of causes—the local or exciting causes—can only act when the first exists. That is, the condition essential to the paroxysm, as turgescence, hyperæsthesia and spasmodic contractions of the muscles, can only occur when the nutritional disorder has resulted in a neurosis of the pulmonary plexus.

Among the exciting causes may be mentioned: irritating inhalations —dust, smoke, chemical vapors, fumes of sulphur, burning sealing-wax; vegetable irritants, odors of ipecacuanha, roses, hay, rag weed, and emanations from animals. Also emotional disturbances, sudden chilling, and climatic influences, all of which affect the relative alkalinity of the blood. Among the reflex causes may be mentioned an overloaded stomach or rectum, and uterine disturbances.

Chronic inflammations and diseases of the nasal mucous membrane, cardiac disease, and emphysema may likewise produce asthma. Too sudden arrest of chronic discharges, retrocedent gout, syphilis, skin diseases, and renal diseases are classed as excitants.

The relation of phthisis to asthma seems an unsettled question. Some regard pulmonary tuberculosis as "an antecedent disease having a causal relation to asthma." Others regard asthma as antagonistic to phthisis, and believe an arrest of the tubercular trouble occurs with the onset of asthma. The anatomical changes observable in asthma only occur when the disease has become chronic. They are products of inflammation incident to chronic bronchitis, and the emphysematous condition resulting from habitual overdistention of the air cells.

The asthmatic syndrome is a classical portrayal of uric-acidæmia. As observed in most uric acid disorders, a prodromal buoyance gives place to corresponding languor and depression of spirits.

Ingestion of any of the xanthin group clears the blood of uric acid and causes this exhilaration only to be followed by an increased uric-acidæmia when the alkaline tide begins.

Sleeplessness, pruritus, and headache are marked.

At first there is voided large quantities of limpid urine, in which the uric acid is diminished. This soon gives place to scanty high-colored urine loaded with urates. The paroxysm comes on usually during the alkaline tide, in the small hours of the morning; after a meal that raises alkalinity, or during the afternoon alkaline tide—from three to six o'clock. The capillaries are obstructed, the veins distended, the surface temperature below normal, and the extremities cold, blue and shrunken.

The pulse is "small and thready." The sufferer rushes to the window for oxygen, regardless of the outside temperature. The high arterial tension thus manifested explains the frequent presence of bronchitis, acid dyspepsia, renal and skin diseases.

The physical signs, together with the history, make it impossible to confuse asthma with any other disease.

The attacks may last from a few hours to several days, and have a great tendency to become chronic.

Emphysema and dilatation of the right heart usually are found in those having suffered for years.

Modern treatment has not only been able to cut short the attacks in most instances, but to prevent a return, as well.

A cure, in the sense of immunity, as results when cured of certain microbic diseases, of course never occurs in a disorder of nutrition. The same nutritional disturbance, which primarily existed, will cause a return of the disease.

Since arthritism is the essential cause of asthma, prophylactic treatment should be begun in the children of all lithemic individuals, especially the sons of asthmatics.

Prophylactic treatment embraces proper hygiene and diet. The environment should be changed where several generations have been reared upon the same soil under identical conditions.

Oxidation should be promoted by an out-of-door life, mountain-climbing, sea voyages, bathing, massage, or other means. Warm, dry climates are to be preferred, and flannel should be continuously worn.

The diet should be as nutritious as possible, and free of the uric acid group. No tea, coffee, chocolate, alcohol, red meats, bananas, strawberries or tomatoes should be used.

The lentils and articles of diet containing salicylates and phosphates (in other than nuclenic form) are serviceable.

Since a deficiency of oxygenation is the cause of the products of incomplete metabolism, that class of food that carries with it most oxygen, the carbohydrates, should constitute the greater part of the diet.

As expressed by Stewart: "With a diet containing less proteid and fat and more carbohydrate the oxygen deficit would be less."

The medicinal treatment embraces the management of the attack and the limitation of the diathesis. For the control of the attack the exciting cause must be removed and the uric-acidæmia must be overcome. The exciting cause should be ascertained, and if it be irritating inhalation, reflex or mechanical, atmospheric or emotional, auto-intoxicant or extraneous cause, it should, if possible, be removed.

Freeing the blood of uric acid re-establishes the circulation, opens the obstructed capillaries, empties the engorged veins, overcomes the cyanosis, and permits relaxation.

The therapeutic measures overcoming uric-acidæmia are the hypodermic injection of morphine and atropine sulphates, hydrochlorate of apiomorphine, bisulphate of quinine and acid salts of similar alkaloids. Oxygen and the nitrites may be used by inhalation.

The nitrites both free the blood of uric acid and dilate the capillaries.

The drugs most popular for internal administration—the iodides, the acid phosphates, the coal-tar derivatives and such depressants as lobelia and

tobacco—have also been shown by Haig to raise the acidity of the blood.

The diathetic or curative treatment (to be administered during the interval) consists in removing the uric acid from the system and in permanently keeping down arterial tension by a diet free of the xanthin group.

The medicaments eliminating uric acid from the system are the salts of lithia, the salicylates, piperazine, and other uric acid solvents. Acid salts of arsenic and quinine are supposed to lessen its production in the system.

The suprarenal extract is indicated for its tonic action on the cardio-vascular apparatus, aside from any action it may have upon retrograde metamorphosis.

Cholagogues and laxatives to unload the liver and intestines are both necessary during the attack and the interval.

Holding in view the principles laid down by the school regarding asthma as a diathetic neurosis, together with the treatment elucidated by Alexander Haig, has undoubtedly been the most satisfactory in my hands.

ABOUT DWARFS.

By Lawrence Irwell, M. A., B. C. L., of Buffalo, New York.

IT HAS long been a matter for discussion whether there ever existed any nations who may absolutely be classed as dwarfs. In many ancient writings are mentioned various races of pygmies as inhabiting the cold northern climes of Scythia, or the tropical deserts of Libya and Asia Minor. Aristotle vouches for the reliability of those witnesses who professed to have seen dwarf men and dwarf horses upon the banks of the Nile; and Pliny gives details of their habits. Herodotus speaks of a race of little men of inky-black color who inhabited a large city on a river which flowed from West to East Libya, and swarmed with horrible crocodiles. Ctesias, a contemporary of Xenophon, says that he saw in Central India a race of pygmies only two feet in stature; they inhabited a province in which the animals were proportionately small, the sheep being no larger than new-born lambs, and the horses, cattle and asses no larger than a ram. Ptolemy—Claudius Ptolemæus, the celebrated geographer and astronomer—mentions a "little people" called the Pechinians; he describes them as inhabitants of a large portion of the eastern frontiers of Ethiopia. In later times, an English sailor named Battel, who was taken prisoner by the Portuguese about 1590, and carried into Africa, relates in his adventures that he met with a nation of dwarfs called the "Matimbas." A Dutch traveler, Oliver Dapper, describes a little nation of elephant hunters named the "Mimos," whom he discovered in 1685, inhabiting a district near the Congo river.

Mr. Du Chaillu, writing in 1860, speaks of a strange people, of wild habits, whom he found inhabiting a large tract of land in the country of Ashango; they were called "Ovongos" by their neighbors, the Ashangos, with whom they did not marry. The Ovongos were of hideous aspect, their faces being yellow in color. They were about four feet five inches in height.

People much under the average stature have been found in small numbers in Southern India and in Madagascar, and they are spread widely over the southern half of Africa, where they have been studied in recent years. Their origin is unknown, but they seen to pertain to the Negroid families. Their existence has been periodically reported since the dawn of history, but when the world repudiated the statements of some of the earliest geographers, it rejected the pygmy tribes of whom the ancients wrote, and they were not rediscovered until the second half of this century. The African dwarfs have been distributed into four great groups, viz.: those who inhabit West Africa, and who live chiefly in the forests. An adult male is usually between four feet three inches and four feet seven inches in height. The second group is found in the central regions of Africa, and the individuals composing it are sometimes as tall as four feet eight inches. They are skillful hunters, and are nomadic in their habits. The third group lives east of the Nile; I have been unable to discover anything concerning the mode of life of its members; perhaps no traveler has yet visited them. The Bushmen, who live in the Kalahari desert, and who range between four feet and four feet five inches, constitute the fourth group. Our knowledge of all of these pygmies is very scanty, but there is no doubt that they really exist.

Dwarfs play a large part in the mythology of the ancient Germanic nations. They were supposed to have their own kings, and to dwell in the interior of the earth, wherein were priceless treasures. It was they who provided the armor for the gods, and they also gave Odin his spear and Thor his hammer. Some of the virtues of the dwarfs are supposed to have been derived from an actual race of small stature—the Lapps, who are said to have occupied part of the Scandinavian peninsula before the immigration of the Gothic peoples. British tradition tells of a "Tom Thumb" at King Arthur's court; and Gulliver's Lilliputians are among the best known of the historic dwarfs.

Prior to the eighteenth century, dwarfs were very frequently retained as court favorites. Of ancient dwarfs, Philetas, of Cos, tutor of Ptolemy Philadelphus, who was born about 330 B. C., was said to have worn weights in his pockets to prevent him from being blown away. Queen Henrietta Maria, of France (wife of Charles the First of England), had two dwarfs whose united height is given at seven feet two inches. Geoffrey Hudson, mentioned in *The Peveril of the Peak*, was three feet nine inches tall. Nicholas Ferry, known as Bébé, the dwarf of King Stanislaus, of Poland, was only twenty-three inches in height. He died at the age of ninety, in

Paris in 1858. Borowlaski, who lived from 1739 to 1837, was a Polish nobleman whose height at the age of thirty was thirty-nine inches.

Dwarfs may be divided into two classes—first, those who are born so, and remain so all their lives; and secondly those who became dwarfs from accident in the early months or years of childhood. It is an undoubted fact that the dwarfs who come under the first head are often noticeable for their shrewdness and intellectual capacity, combined with much childish vanity, and an overwhelming love of dress and admiration. They are, taken as a whole, active as regards both body and mind, and they are good-tempered. Upon the other hand, those who are deformed and show an unusual development of any special limb are generally dull and weak mentally. Nicholas Ferry, whom I have already mentioned, was remarkable for his wit, good temper and intellectuai attainments. Next after him in celebrity comes a female dwarf, Babet Schreier, who was born in Germany in 1810. Her parents were laboring people of ordinary stature who permitted visitors to see their wonderful child, but who would never consent, although they were poor, to exhibit her for any pecuniary benefit. Babet weighed at birth only a pound and a half, but she was perfectly formed. She grew until she was about two and a half feet high, when she stopped. Her health was always good, and she was amiable and lively.

It is a strange fact that the length of life of dwarfs seems to be in proportion to their size; they arrive at maturity quicker than a normal human being and they age quicker. We read of this in the case of the famous English dwarf, Hopkins, who lived until about 1750. At fifteen years old he measured two feet seven inches, and weighed only thirty pounds. Up to this age he had the appearance of a fresh, smooth-skinned youth; but suddenly an extraordinary condition, resembling decrepid old age, began to creep upon him. He became bent and suffered severely from asthma. At the same time his sight and hearing began to fail and his teeth commenced to drop out. Then he became so weak that he could not walk without a stick, and he is said to have presented all the appearance of a withered and aged old man. Before these signs of decay came upon him his weight had been nineteen pounds, but within six months he lost six pounds, and within two and a half years he died of what appeared to be premature old age. His parents were healthy people, and there had been no previous member of his family who was abnormal. At the time of his death his age was seventeen years and a few months.

Although dwarfs generally attain a greater age than giants—the latter seldom live to see their forty-fifth birthday—they do not often pass seventy. There are on record two notable exceptions to this rule, but the accuracy of the records must, I think, be open to doubt. Amias Clowes died in England, in 1784, at the age, we are told, of a hundred and three years. His height is given as three and a half feet. He lived in a little house eight feet square, furnished in a way to suit his size. It is necessary to

assume either that he lived alone or that the other occupants of the residence were dwarfs.

The only other aged dwarf of whom an account is obtainable was Peter the Great's favorite, a woman named Ponpée, whose height was that of a child of six. She was lively and clever, and the emperor seems to have had an extraordinary affection for her. She is said to have lived to the age of a hundred without ever having suffered from any illness!

There may still be seen in the ducal palace at Matua (North Italy) six little rooms which were constructed by order of one of the dukes of Matua for the special occupation of his favorite dwarfs. The walls of these apartments are only six feet high, and the floors eight feet square. The rooms no longer contain any furniture, and even the doors have been taken off their hinges.

In recent times no dwarf has created more sensation than Charles S. Stratton, commonly known as "General Tom Thumb." He was about thirty-one inches in height, and he married Livinia Warren, who was an inch taller. They had one child, a girl, who died when about three years old. I have not succeeded in ascertaining what her size was. "Tom Thumb" lived till his forty-fifth birthday, his death having taken place in 1883. "General" and Mrs. White—their real name was Flynn—succeeded to some of the admiration bestowed upon the "Thumbs." Their imitations of popular actors and singers were thoroughly appreciated by the amusement-loving public.

Jockeys are frequently what I may call "artificial" dwarfs, measures being taken to keep down the weight and retard the growth of boys intended for this occupation.

Fluid extract of jaborandi acts well as a diaphoretic. Full doses should be given every hour combined with a little digitalis.

In the treatment of epilepsy by bromides, the results will be more favorable when the patient is deprived of as much salt as can be dispensed with without injury to the general health. This may best be accomplished by the use of a milk diet.

Puerperal convulsions occurring during labor are best treated by the use of chloroform. At other times when there is complete suppression of urine, with severe convulsions and intervening comatose state, measures should be taken to produce diaphoresis and elimination. In nearly all ordinary cases, morphine is our most valuable remedy, and should be freely given.

A FEW CASES OF SECRETORY NEUROSIS OF THE STOMACH.[1]

A CASE OF HYPERCHLORHYDRIA, DEMONSTRATING THE USE OF THE INTRAGASTRIC ELECTRODE; AND A CASE OF GASTROPTOSIS, DEMONSTRATING THE GASTRODIAPHANE AND AN ORIGINAL METHOD OF USING CO_2 IN STOMACH DISEASES.

BY M. D. SCHMALHORST, M. D., of St. Louis, Missouri.

CASE 1.—The first case I wish to present is one of typical hyperchlorhydria. J. W. M., male, thirty-four years of age. Has had stomach trouble five years; was intermittent at first, troubled for a few days or a few weeks, then there would be weeks and months when he was free from any ailment. During the last year or more there has been almost constant digestive troubles, constipation, pyrosis, a dryness in the throat, with a tendency to swallow the dryness down. Appetite is very good; has not lost in weight. During the last six months has had pains in the gastric region constantly after eating. Pain is at the pit of the stomach, and comes about an hour and a half or two hours after eating, and lasts from one to two hours. Nearly always feels good just before and after eating.

EXAMINATION.—Stomach not painful to pressure, and not enlarged when distended with CO_2. Tongue clean, except a slight coating far back. General appearance of patient is pale, and skin is relaxed and flabby. Test breakfast yielded 34 c.c. of a homogeneous mass of bread and water, and when filtered there was 28 c.c. of filtrate; no mucus. This gave total acidity 92; free HCl, 78. Some dextrine and much erythrodextrine.

It was easy enough to diagnose this case without a chemical examination of the gastric contents. It might be of interest to state that the patient had been repeatedly treated for gastric catarrh, but when the test meal was taken off the presence of no mucus was sufficient evidence that the wrong diagnosis had been made. The treatment was simple in this case, and the patient rallied from the beginning. Nux vomica and bicarbonate of soda were given; the nux vomica in capsules, six drops fluid extract, before eating, and ten-grain doses of soda six times a day, one dose forty-five and another ninety minutes after eating. The direct application of the faradic current to the inside of the stomach was practiced every day for a week; then every other day for two weeks; every third, fourth, fifth and sixth day for three months, when all symptoms of dyspeptic trouble had disappeared. I lessened the dose of the alkaline gradually, but kept the nux vomica up the whole period. At the end of the three months the acidity had been reduced to 56.

[1] Read before the St. Louis Medical Society, December 15, 1900.

Perhaps the most essential part in the treatment of hyperacidity is the proper diet. Carbohydrates will not digest in an acid medium, neither will they combine to neutralize but the smallest portion of HCl. On the other hand, all sorts of proteids are digested exceedingly well in an acid medium, and combine with a considerable part of the hydrochloric acid. In consequence of these facts the diet in such cases where too much acid is secreted consists of albumen, such as eggs and other proteids, as is found in meats of all kinds, especially game, fowl and fish. A small portion of wheat bread is quite essential, and usually butter is borne very well.

CASE 2.—The second case represents an atypical hyperchlorhydria, and a diagnosis should hardly be made without a chemical examination of the gastric contents. Miss F. R., twenty-eight years of age. Since childhood had been subject to headaches. Could always belch up food, especially if fats had been eaten. Never had any severe illness until four years ago. At this time the whole system began to relax. No desire to do anything. Tired and wanted to rest all the time. Nothing especially wrong, but was wrong all over. This sort of indifference lasted about six months, when she began to feel as if the stomach was the seat of all the trouble. At this time she began to lose in weight, going from 117 to 93 pounds. No pain anywhere; becoming more nervous; appetite failing, and after a little while was afraid to eat because everything soured on her stomach. A burning pain appeared at pit of stomach when these sour spells came. Often when a fair meal was eaten, the sour stomach with the pain did not come until toward supper time, and then she was completely undone. No medicine seemed to give relief, except lime-water or a soda powder, but was told these would do more harm than good in the long rnn. Could regurgitate at will; this gave relief, but found that it was making her weak, so it was stopped. During the latter part of the severer symptoms she lived on cornbread and pop-corn. The cornbread was baked in small cakes with salt and water. Small morsels of this were taken and masticated for a long time until it fairly disappeared in the mouth, and the remaining harder part was not swallowed; likewise the pop-corn. Finally grew better, but has never regained her former self. Says essence of pepsin did more good than any other medicine; did not act while she took it, but the after-effects were good. Seemed to act as a tonic.

On August 26th patient presented herself at my office, feeling as if one of her bad spells was coming on. Examination of abdomen and chest negative. Skin is pale, and the general appearance is one that shows lack of nutrition; back of tongue coated. Stomach dilated with CO_2 and found normal in size and position. Test meal given, and after one hour taken off. Total amount of juice, 26 c.c., which filtered 19 c.c. Total acidity, 88; free acid, 70; a little dextrine and plenty of erythrodextrine. Carbohydrates were restricted and proteids advised. She was asked to eat

five times a day, making three principal meals with two lunches thrown in. This advice is frequently absolutely necessary in the treatment of a long-standing gastric trouble. Almost always the family physician has advised a very restricted diet, and as a matter of course more or less starvation has actually taken place.

The medical treatment of this case is very interesting. She had lost faith in medicine, and said she believed that if she was ever to be cured it would be by some means other than medicine. This pleased me, for I was more than glad to get an opportunity to use CO_2 exclusively. Lavage was used a few times, also the deglutable electrode, but after a couple of weeks these were discontinued and the gas used alone. The results have been all that could be desired.

CASE 3.—Another case of hyperchlorhydria. This is the gentleman upon whom you have just seen demonstrated the application of the faradic current directly to the inside of the stomach. Has had digestion trouble for sixteen years. Family history good. Has lived in several large cities, and has received medical treatment from many doctors. The one prominent symptom which has always been present is pain just below the zyphoid. This was very painful on pressure. Had lost weight. Never has good appetite. Present condition: patient is pale, skin loose and relaxed. Examination of abdominal and chest organs negative. Tongue coated. Splashing sound can be produced down within very close margin of umbilicus. Test breakfast given, and at the end of an hour withdrawn; 56 c.c. secured. Contents acid to congo paper. Free HCl reaction to Toepfer's solution. Total acidity, 86. Free HCl, 72. Ten c.c. milk at 100° F., coagulated by ten drops of juice in one minute. Gastrodiaphane shows slight ptosis. Diagnosis: hyperchlorhydria and gastroptosis.

The drug treatment in this case has been very simple. Sodium bicarbonate has not been taken regularly, but occasionally to relieve distress after eating. Lavage was done only a few times. To ameliorate the symptoms in this case I have relied almost wholly on the deglutable electrode. The patient is here and has kindly permitted a demonstration of this method, and in speaking for himself he will tell you that he is feeling better.

CASE 4.—The following case represents a type of neurosis often found in stomach disorders in which the nervous symptoms are intensified. Dr. K. gave history of dyspeptic troubles off and on for a number of years. At times free from all ailment, but nervous spells came now and then, when the gastric region appeared to suffer most and apparently was the seat of all the trouble. There was a tendency towards constipation. This was especially marked just before and during an attack. These lasted from a few days to as many weeks, during which time appetite was gone, skin was bathed in perspiration continually, hands and feet cold, severe nausea, and occasional vomiting. During one of these spells I was called to see the patient and found him in his office, totally relaxed and as I have de-

scribed above. Physical examination negative. He called next day at my office with a test meal ready to be withdrawn. Was feeling miserable. None of the test meal could be secured. Said he generally vomited easily, so while abdomen was across a chair and the finger tickling the pharynx, we expected good results, but no test meal the first day. On the second day the effort was successful to the extent of 8 c.c. of a rather thick mixture of bread and water, very little mucus, which yielded 6 c.c. of filtrate. No acid at all, either free or combined. Achrodextrine present. The result of this examination was enough to frighten any patient, especially a doctor. This was especially so in this case, because four years ago during an attack of this kind the attending physician suspected a cancerous condition. I had nothing to fear, however, and assured him that it was impossible that there could be a malignant trouble in one who was so well nourished, or who had been previous to the last few days. Accordingly a third test meal was ordered, with surprising results. The next day 22 c.c. of filtrate was taken, which showed a good congo reaction, a decided Toepfer reaction for free acid; a total acidity of 44, free HCl, 30.

Here we have a juiceless stomach one day performing absolutely no function—a man dying with cancer sure, while the next day he can digest a good beef roast, and plenty of HCl and pepsin to last quite a half century longer. I have never cured a man so quickly before.

The return of normal function in this case was rapid, yet in these secretory neuroses the condition may change one way or the other in a few hours.

CASE 5.—ACHYLIA GASTRICA.—Gentleman, fifty-four years of age. Never troubled with dyspepsia until September, 1900. Says at this time for some unknown reason learned that he had a stomach, but that surely it had ceased to be a component part of his anatomy. No particular pain, but a general miserable feeling. Continual nausea. He thought he would feel better if he could vomit, but he could not. Complete loss of appetite. A homeopathic diagnosis was dyspepsia, and during three weeks of homeopathic treatment lost twenty-four pounds and kept losing ground on a diet of beef tea and milk. I was called to see the patient, and found a nervous, excitable sort of an individual, who was pretty sick, yet not so bad as he thought he was, because he, being a very intelligent man, could not think of anything but a cancer that could cause so much trouble in such a short time. A test meal was ordered and after an hour not a particle could be taken off. A second effort was a failure, but while the tube was in the stomach I introduced a pint of water and in siphoning it off found among the particles of bread two pellicles of membrane. A third effort at test meal resulted in catching within the tube at the right moment enough of the stomach contents to make a diagnosis of achylia gastrica, or juiceless stomach.

In the history of this case one point was omitted which possibly had something to do with the neurosis; the patient thought so. He had taken at the beginning of his trouble ten gr. of calomel with eight of blue mass.

Immediately following this all symptoms were aggravated. Yet I doubt if the mercury did produce any serious disturbance. Had it done so it would most likely have produced a gastritis. There was no evidence of this at all. No mucus was found in the wash-water. The patient was put upon a carbohydrate diet, nux vomica, and hydrochloric acid; and a more grateful man you never saw, since improvement began at once.

CASE 6.—ENTERITIS MEMBRANOSA.—Female, twenty-six years of age. Referred to me by Dr. M. This case is especially interesting, because the nervous condition of the stomach proved to be secondary, and I did not make a diagnosis until the patient was under observation for ten days. All this time was doing her no good, and I was afraid I would lose her. The history of her trouble began ten years ago, when she began to have dyspeptic attacks periodically without any regularity. Extreme nausea was present, which gradually disappeared. At very rare times was there vomiting. Obstinate constipation; medicine was always necessary to move the bowels. Finally relied upon enemas, but after awhile these failed. For the last year symptoms have been getting worse. Attacks of vomiting more frequent. More pronounced nervous prostration. Considerable tenesmus at stool. Present condition: skin pale, chest and abdominal organs intact. Stomach does not give pain on pressure, but there is a general diffuse soreness throughout the entire abdominal region on pressure. Pain is more pronounced on left side, following the descending colon. Test meal yielded 30 c.c. of juice, normal in quality. Total acidity, 58; free HCl 34. I ordered nux vomica, cascara and magnesia sulphate. This was kept up for ten days, together with direct intragastric electrizations, with little, if any, benefit. I concluded to change the salts and cascara prescription and, accordingly, had it added to an enema, administered high up twice a day. The results of this were good. The next day the report was that a long piece of something passed from her that looked like a veil. A sample of the rectal discharge was secured and examined. These long, round, "veil-like" pieces in the discharge proved to be mucous cylinders. This mucus was passed in large quantities at every stool. Says she often had to go to stool when nothing but a little mucus would pass, and at these times there was rather severe tenesmus.

From the history of the patient this condition had existed at least one year, but she had never had occasion to observe the rectal discharge and therefore did not know of the condition of her colon. The treatment was as follows: Faradic current, potassium chlorate, and flushing the bowels daily with two-quart enemas, with teaspoonful of silver nitrate, a drachm to the ounce. The treatment acted well. The patient is still under observation, and now, at the end of a month, she has gained strength, not so pale, has never vomited, and the amount of mucus has nearly disappeared from the dejections.

455 Century Building.

Obstetric Clinic. By DENSLOW LEWIS, Ph. C., M. D., Professor of Gynecology in the Chicago Polyclinic; President of the Attending Staff of Cook County Hospital, etc., etc. Octavo, 640 pages. Price, $3.00. E. H. Colgrove, 65 Randolph street, Chicago. 1900.

A series of thirty-nine clinical lectures on practical obstetrics, delivered to students and practitioners in Cook County Hospital, Chicago; together with remarks on abortion, infanticide, illegitimacy, the restriction of venereal diseases, the regulation of prostitution, and other medico-sociologic topics.

The Treatment of Fractures. By W. L. ESTES, A. M., M. D., Director and Physician and Surgeon-in-Chief of St. Luke's Hospital, South Bethlehem, Pa. Cloth, $1.00. Illustrated. International Journal of Surgery Co., 100 William street, New York.

A series of papers on the practical management of fractures. The best methods of treatment are set forth in a clear and concise manner, the subject being given a more comprehensive discussion than will be found in the text-books on general surgery.

Appendicitis and Its Surgical Treatment. By HERMAN MYNTER, M. D. (Copenhagen), Professor of Clinical Surgery in University of Buffalo, New York. Third Revised Edition. Cloth, $1.00. J. B. Lippincott Co., Philadelphia.

A comprehensive and scientific discussion of a most important subject. One hundred and eighty-five operated cases reported. Dr. Mynter is one of the foremost authorities on appendicitis in America, and this edition of his monograph will be received with renewed appreciation.

A Text-Book of the Practice of Medicine. By JAMES M. ANDERS, M. D., Ph. D., LL. D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia; Attending Physician to the Medico-Chirurgical and Samaritan Hospitals, Philadelphia, etc. Illustrated. Fourth Edition, Thoroughly Revised. Cloth, $5.50, net. 1900. Philadelphia: W. B. Saunders & Co., 925 Walnut street. Lewis S. Matthews & Co., 714 Pine street, St. Louis, Agents.

This standard work is well known to the medical profession, and this new edition will meet with general approval as a matter of course. Con-

siderable new matter has been added, the section on Diseases of the Digestive System being especially improved.

Sexual Debility in Man. By FREDERIC R. STURGIS, M. D., formerly Clinical Professor of Venereal Diseases, Medical Department University of the City of New York; Ex-visiting Surgeon to the City Hospital, Blackwell's Island; Author of "A Manual of Venereal Diseases;" one of the Authors of "A System of Legal Medicine," etc., etc. Cloth, 450 pages. Price, $3.00. 1900. New York: E. B. Treat & Co., Publishers.

Physicians desiring information on this subject will find it exhaustively treated in this work. The author evidences a practical knowledge of his subject, and a thorough acquaintance with the literature bearing upon this branch of genito-urinary surgery.

Pathology and Morbid Anatomy. By T. HENRY GREEN, M. D., F. R. C. P., Physician and Special Lecturer on Clinical Medicine at Charing Cross Hospital, etc. New (9th) American from Ninth English Edition. Revised and Enlarged by H. Montague Murray, M. D., F. R. C. P., Lecturer on Pathology and Morbid Anatomy at Charing Cross Hospital; Revised for America by Walton Martin, Ph. B., M. D., of the College of Physicians and Surgeons, New York City. Handsome Octavo Volume of 578 pages, with 4 Colored Plates and 339 Engravings. Cloth, $3.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

About one-half of the matter of this work has been rewritten, bringing it up to the present advanced knowledge of the subjects. To make the work especially valuable to American readers, it has chapters on Malaria and on the Blood, by Dr. Walton Martin, of the College of Physicians and Surgeons, New York.

The Students' Medical Dictionary, including all the Words and Phrases Generally Used in Medicine, with their Proper Pronunciation and Definition. Based on Recent Medical Literature. By GEORGE M. GOULD, A. M., M. D. Eleventh Edition, Enlarged, with many Illustrations. Price, $2.50. Philadelphia, Pennsylvania: P. Blakiston's Son & Co., 1012 Walnut street. 1900.

This work has been used so generally during the past years and the profession is so familiar with it as to make comment unnecessary. Suffice to state that the eleventh edition is enlarged, improved and in every way superior to its predecessors.

Students' Edition, A Practical Treatise of Materia Medica and Therapeutics, with special reference to the Clinical Application of Drugs. By JOHN V. SHOEMAKER, M. D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College, of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of

the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Fifth Edition, Thoroughly Revised. 6¼x9½ inches. Pages vii–770. Extra Cloth, $4.00, net; Sheep, $4.75, net. F. A. Davis Company, Publishers, 1914–16 Cherry street, Philadelphia.

This standard work has passed through five editions, which furnishes indisputable evidence of its popularity. The present edition is improved and brought thoroughly up to date in all departments. We especially commend this book to the student and practitioner.

Clinical Examination of the Urine and Urinary Diagnosis. A Clinical Guide for Use of Practitioners and Students of Medicine and Surgery. By J. BERGAN OGDEN, M. D., of Harvard University Medical School, etc., etc. Illustrated. 1900. Price, $3.00, net. W. B. Saunders & Co., Philadelphia and London. Lewis S. Matthews & Co., 714 Pine street, St. Louis, Agents.

The author has successfully endeavored to write a treatise, taking up in detail the subject of urinary diagnosis and the methods of applying the information gleaned from microscopical and chemical examination of the urine. The volume is unique in that it aids the physician *to apply* practically the information gained and it will be found a most valuable aid in the diagnosis and treatment of urinary diseases.

Notes on the Eye. For the Use of Undergraduate Students. By FRANK LANAMORE HENDERSON, M. D., Professor of Ophthalmology, Barnes Medical College, St. Louis, Mo. Second Edition. Published by the Author.

For the intended purpose, this is the best book of its kind we have seen. To quote from the author's preface, it is original because of its omissions. The technical ophthalmology of the specialist is not given a place in this work, but it is filled with selected *useful* knowledge such as the student can master in the time allotted to this subject in the medical schools. The work is well printed and freely illustrated, and should have a wide sale among undergraduates.

MEDICAL TREATMENT.

La Grippe.—Influenza is a disease that varies greatly in its effects on different individuals, and which produces so many symptoms in so many different organs of the body that it is indeed difficult to formulate any special lines of treatment, and, as Yeo states, when a practitioner advertises that he has given potassium bicarbonate in five hundred cases without a death, and another that he has given salicin in one thousand cases without a death, they make statements that are worse than useless, because they are misleading. He, however, places quinin as the most deserving drug in the treatment of influenza, giving it in combination with potassium citrate and ammonia in effervescence, and in small or moderate—not large—doses, frequently repeated. Mosse, in the *Lancet*, has shown that the bacillus of influenza is unable to live in an organism in which quinin circulates.

Below are given other prescriptions as suggestions in treatment of the different complications which may arise.

℞ Hydrargyri chloridi mitis..... gr. iss
Ft. pulveres No. vj. Sig.—One powder every hour until there is a good bowel movement.

H. C. Wood, in *Philadelphia Medical Journal*, advises the following in la grippe:

℞ Antipyrini..... gr. xv
Pilocarpinæ hydrochloratis..... gr. ss
Tinct. aconiti..... *m* iij
Aquæ destil..... ℥ iss
M. Sig.—One tablespoonful, immediately followed by a hot general bath, or a foot-bath for ten minutes, then the patient being covered in bed, one dessertspoonful in a glass of hot toddy, repeated, if no sweating occurs, in twenty minutes. When there is pain, if morphin does not disagree with the patient, one-sixth of a grain may be added to the mixture. J. A. M. A.

Suggestions for the Practical Treatment of Typhoid Fever.—(Dr. W. Ewart.)—The chief objects of treatment of typhoid fever should be to limit the extension of ulceration, to treat the ulcers, and to obviate their giving rise to hemorrhage and perforation. Stagnation of putrid feces is one of the chief dangers, and many cases of alarming tympanites are due to this factor. The lesser evil of constipation, incidental to astringent treatment, is easily overcome by injections. Relative inactivity of the liver is the inevitable consequence of the hyperexia, the immobility of the patient, and the exclusive milk diet. Much of the benefit of the cold bath treatment is due to the relief of this condition. Mercury is of a high value here as a hepatic stimulant and intestinal antiseptic. The patient should be kept in bed at a slight inclination to the left side, in order to remove weight from the cæcum. As medicinal treatment, twenty minims of tinct-

ure hydrargyri perchloridi and fifteen minims of tincture ferri perchloridi are given to an adult every six hours. Diarrhea is quickly relieved and constipation counteracted by glycerin enemas. The diet should be peptonized milk.

The Cure of Insomnia.—Sawyer says: "Never allow a patient to dose himself with hypnotics." Always keep in mind the cause of insomnia and treat accordingly. Acute insomnia, due to nervous shock, excitement, or worry, will respond nicely to a hypnotic. In such cases, a combination of drugs should be administered in preference to a single one. An overworked man should guard against the use of hypnotics and rather rely on hygiene for a cure. A change of air and scenery, a change of diet in combination with healthy exercise, will accomplish the cure speedily. If the insomnia is chronic, large doses of kali bromidi, thirty to sixty grains, given before retiring, act favorably. Alcohol is of greatest value in chronic psychic insomnia, and should be withdrawn as soon as the results are obtained. Lying in bed in the morning is injurious, and should be avoided; on the other hand, an afternoon nap after meals is beneficial. As open-air exercise, horseback riding is recommended as the very best.

The Treatment of Influenza in Children.—There is no infectious disease that creates a greater disposition to tuberculosis than influenza. Only rarely can contact with the disease be avoided. All excreta should be disinfected; the excretion of the mouth and nose should be caught in rags and burned. Isolation should be recommended, and a disinfectant mouth-wash prescribed. Drinking-water should be acidulated, and irrigation of the nose practiced. As to treatment, there is no specific. A rational, hygienic, symptomatic and sustaining treatment only can be considered. A purgative dose of calomel is given in the beginning to clear the bowel, the *locus minoris resistentiæ* in children for microbic and toxic ingesta. The diet should be scanty and fluid in the beginning. Alcohol is required rather in convalescence than in the course of the disease. Cold baths are contraindicated for the fever; on the other hand, hot baths are beneficial where there is much muscular pain and restlessness. Quinine is of benefit. Mosse gives thirty to thirty-five grains the first day, and sometimes also the second, to abort the disease. Severe vomiting should be treated by abstinence from food or by rectal feeding. The best relief is given by morphine, rarely by ice. A tablet of one milligramme or one drop of Magendie's solution should be thrown in the mouth and absorbed. Acetanilid is poisonous. Antipyrin and phenacetin are of use. One of the best stimulants is musk. A child of two years should take of the ten per cent. tincture five to ten drops every half hour until six doses are taken. Goldsmith claims that of one hundred and twelve persons who had been vaccinated and subsequently exposed to influenza, all remained free from infection.

enced, and more especially are these conditions to be expected after the administration of codeine or morphine.

Furthermore, even admitting the value of codeine or morphine (with their undesirable after-effects) in certain cases, how often do they utterly fail to mitigate the coughs of phthisis, bronchitis and whooping-cough, and also prove their absolute uselessness in laryngitis, asthma, etc.?

How especially important is it to have an efficient remedy for the cough of phthisis pulmonalis, which would not cause the disagreeable stagnation of secretory products of the lungs, that would not weaken the respiratory apparatus nor have any deleterious effect on the heart.

Surely the profession has long felt the need of something to replace the various opiates for the suppression and cure of coughs, something that should be superior, more reliable and safer. A remedy that would not only be efficient, but safe for the treatment of the sympathetic cough of pregnancy. A remedy that can be used where heart complications occur. A remedy that will promptly check incessant, hacking cough, and paroxysmal coughs, which rob the patients of rest and sleep.

Doubtless a remedy proving unusually meritorious in treating these various forms of coughs, and one which would be free from the unpleasant characteristics of morphine and codeine, will be of much interest to my colleagues and of much importance to the profession of medicine. With this fact in view I have concluded to submit the notes of a few cases to show the exceptional good results obtained with a product recently introduced to the physician for his consideration.

I, like most physicians, look with the greatest skepticism on the ever-appearing articles on new remedies, and would not now have the opportunity to express my present satisfaction, if I had not been repeatedly urged by some of my confreres to try this new preparation in a few cases that were then giving me the greatest trouble.

The complete clinical reports of Prof. Morris Manges, of the Mt. Sinai Hospital of New York, Dr. W. Freudenthal, of New York, Dr. B. Turnauer (*Wiener Medizinische Presse*, No. 12, 1899), Dr. A. E. Beketoff (*Klinische Therapeutische Wochenschrift*, No. 14, 1899), following their investigation with heroin, I find to coincide with the results I have experienced with glyco-heroin, but I would here impress upon those interested that my entire investigations were made with glyco-heroin (Smith) only, excepting the few instances where I tried tablet triturates, and found them decidedly unsatisfactory.

Without doubt the merit of this preparation is to be attributed to its excellent composition, viz., heroin one-sixteenth grain, ammon. hypophosphite three grains, fluid extract of hyoscyamus one grain, fluid extract of white pine bark three and one-half grains, balsam tolu one-quarter grain, and glycerine sufficient to make one dram, wherein the therapeutic properties, if the drugs are properly compounded, and which is evidenced in this preparation, will be acknowledged desirable by every physician. Here I would point out the special advantage that this preparation possesses over heroin in any other form, viz., the unnecessary administration of other remedies while your patient is being treated with glyco-heroin, wherein you not only get the palliative effect of heroin, but have an admirable combination of remedies to bring about absolute cure in most cases. On account of the absence of syrup, instead of which glycerine

with its solvent and medicinal qualities is used, there is not experienced the usual derangement of the stomach following the administration of preparations containing sugar or syrup.

The addition of ammonia hypophosphite also appealed to me, for its superiority as an expectorant over other like remedies is an established fact and must add much to its therapeutic value.

From the white pine bark contained therein, the astringency of which is no doubt modified through the soothing effect of glycerine, I found a very beneficial effect on the mucous membranes, thereby proving this also a valuable and desirable addition.

If, with our knowledge of the superiority of heroin as a sedative, we closely scrutinize the formula of this preparation, we should not fail to observe the efficiency of this combination, the therapeutic value of which has been proved by careful physiological experiments in the laboratory with accurate observation on its therapeutic action before being introduced to the profession, whose demands upon a new remedy before permitting its admission to a permanent place in the materia medica are at the present time much more exacting than in the days of empirical pharmacy.

Believing that the individual results observed in a vast number of cases following the clinical investigation of a remedy to be superfluous, I shall here give the records in only a few of the cases in which I have tested glyco-heroin, and which are as follows:

1.—George N.; a case of pulmonary tuberculosis. The patient, who had been unable to sleep except in a sitting position, suffered from a violent cough with a great deal of expectoration and dyspnea. Respiration, 32; temperature in the afternoon, 103°; pulse, 120. The paroxysms of coughing were very violent, one following another in rapid succession. He had been given codeine and morphine, but the cough and other symptoms persisted. Finally he was given a teaspoonful of glyco-heroin (containing one-sixteenth grain of heroin) every three hours. That night he was able to lie down and sleep, only coughing twice during the night. After taking a teaspoonful every three or four hours for one week, his respirations were reduced to 26, temperature 101½° in afternoon, pulse 98. He said he had not coughed more than a dozen times during the entire week, his night-sweats had been very much diminished, appetite improved.

2.—Mrs. S.; has been confined to her bed with a severe case of la grippe for two weeks. On recovery she suffered with a persisting and harassing cough. Various narcotics and expectorants were administered, but afforded no relief. One teaspoonful of glyco-heroin was given every two hours. She obtained relief after taking the first dose. The next day she took one teaspoonful three times a day. At the end of the fourth day the cough had left her. The only unpleasant effect was she complained of being drowsy the first day.

3.—Joseph S., sixty years old. Had suffered since 1895 from chronic bronchitis. Had a violent cough, could not sleep nights. There was no emphysema in this case. He was placed on the following treatment: Potassium iodide, five grains three times daily, and glyco-heroin, one teaspoonful every three hours, the first week. After that the glyco-heroin only was given three times a day. This case ended in complete recovery.

4.—A case of whooping-cough in a child eight years old, who had sixty or seventy paroxysms daily. Glyco-heroin in twenty-minim doses every four hours soon reduced the paroxysms to between twenty and thirty a day, and the violence of the paroxysms were very much abated.

5.—The three children of Mrs. C. had whooping-cough; the baby one year old suffered very much, the paroxysms were very violent. In this case the results were very good and almost instantaneous; after the second dose of glyco-heroin the violence and frequency of the paroxysms abated, the child made a quick recovery. The other two children had very mild attacks, which I believe was also due to the glyco-heroin administered.

6.—E. D., sixty-three years old, had suffered for the past four years with chronic bronchitis; while being free from cough all summer, it seemed to increase in severity each winter, and he dreaded the return of the cold weather. I was called in September 28th and found him suffering with a violent cough and a great deal of dyspnea. With the aid of glyco-heroin I have stopped the cough; he has not taken any of the glyco-heroin since October 23d, and there has been no return of the cough. His present condition shows a complete cure.

In all tuberculous cases the cough diminished until practically absent, patients slept better, appetite increased, gained in weight, and the temperature reduced to about normal.

In several cases of whooping-cough where other remedies had been tried in order to relieve the paroxysms of coughing without result, with the use of glyco-heroin the results were all that could be expected, as there was decided relief from the paroxysms of coughing, and all were able to sleep and rest well.

In acute bronchitis glyco-heroin acted very promptly, and not alone was the cough relieved in a very short time, but also the whole general condition of the patient was rapidly improved.

In chronic bronchitis the preparation is very serviceable. The expectoration is facilitated and the dyspnea diminished, owing to the fact that the air enters more completely into the alveoli in consequence of the increased inspiratory force.

In bronchitis the results were also satisfactory. If the precaution of lowering the upper part of the body was observed to aid the patient to get rid of much of the accumulated secretions by gravity, a few small doses of glyco-heroin during the day and a full dose at bedtime would always make the patient very comfortable.

In pulmonary emphysema and bronchial asthma glyco-heroin is decidedly superior to any other remedy therefor used.

During the attack of asthma with the administration of this remedy respiration is stimulated, and the individual paroxysms were not only shortened, but the interval between the attacks is distinctly lengthened.

In acute pneumonia the results were very gratifying, since in most of the cases the harassing cough was speedily controlled and the patient's comfort was increased as well by the stimulation of the respiration, the dyspnea becoming much less marked.

And now, summing up all data of the clinical investigations carried on under my observation, I must say that we have here acquired a reliable, prompt and effective remedy with the following advantages:

A reduction of temperature.

Prolonging respiration and at the same time increasing the volume of each inspiration.

Almost devoid of hypnotic effect.

Absence of danger of acquiring the habit.

It does not weaken the respiratory apparatus.

Does not cause unpleasant disturbances of the stomach or intestines.

Is without deleterious effect on the heart.

The ratio of the therapeutic to the toxic dose is many times smaller than that of morphine or codeine.

Its decided beneficial effect in all dyspnea.

It does not constipate, or rarely, and then only slightly, and in these instances constipation was a chronic condition.

Acts as a stimulant to the respiratory center, and stagnation of the secretions is excluded.

And in comparative doses with codeine, the latter is shown to produce nausea and vertigo, while these symptoms are absent during the administration of glyco-heroin.

In conclusion, I would say that in all cases here cited, and many others as well, the instant relief obtained marveled both myself and patients. I have never with any remedy, for similar indications, enjoyed the confidence I have in this preparation, and now have the pleasure in not only having offered relief and cure in the cases wherein this remedy was first suggested, but now find glyco-heroin almost indispensable; and more especially so when I again consider codeine or morphine, with all their bad effects, as remedies compared with this preparation, which, on investigation, I found to be not only a true pharmaceutical product, but also an ethical product in every sense that the physician applies this term in designating a medicinal preparation worthy of consideration by the medical profession, and for this reason I feel no hesitancy in giving my experience with the same, but rather feel that any treatment of disease that proves of especial merit should always be brought to the notice of the profession.

The preparation is well worth investigating, and will surely prove a valuable addition to the "armamentarium" of every physician.

Membranous Croup.—The treatment of membranous croup has not met with such striking success as to render the introduction of a new remedy undesirable. And when this remedy comes to us with a long list of successes to back up its claims, they are assuredly worth investigating. We refer to the brown iodized calcium, which has proved a remarkable remedy in true membranous croup, the non-diphtheritic variety. For it has been shown that there is a membranous croup which is distinct from laryngeal diphtheria. For the former iodized calcium is presented as a specific; for the latter true calcium sulphide is likewise advocated. Both remedies are supplied by the Abbott Alkaloidal Co.

I have used aletris cordial with excellent results in the following: Miss R., nineteen years of age, brunette, well-developed, but troubled with dysmenorrhea, called at my office, and after explaining her affliction said, "Doctor, if there is any thing you can prescribe to relieve my suffering do so, for life is a burden to me now." I thought of the aletris cordial at once, and gave her a six-ounce bottle, directing her to take a teaspoonful three times a day, commencing four or five days before the regular period. Several weeks afterward she returned with the empty bottle, remarking, "I've come back for more of that medicine, for it's the only thing I ever had to give me relief. I can cheerfully recommend aletris cordial to the profession.—Edw. L. H. Barry, Jr., M. D., Jerseyville, Ill.